

WAC 246-976-755 Pediatric trauma service designation—Basic resources and capabilities.

		LEVELS		
A facility with a designated pediatric trauma service must have:		I	II	III
(1)	An emergency department, including:	X	X	X
(a)	An area designated for pediatric resuscitation;	X	X	X
(b)	Written standards of care to ensure immediate and appropriate care for pediatric trauma patients;	X	X	X
(c)	A physician director who:	X	X	X
(i)	Is board-certified in emergency medicine, pediatric emergency medicine, surgery or other relevant specialty (or for level I, has documented experience as director of an emergency department which has been previously recognized as a level I trauma center either by a regional entity or as verified by the Committee on Trauma of the American College of Surgeons);	X	X	X
(ii)	Is ATLS and ACLS trained, except this requirement does not apply to a physician board-certified in emergency medicine, pediatric emergency medicine or surgery; and	X	X	X
(iii)	Has completed the pediatric education requirement (PER) as defined in WAC 246-976-887, except that this requirement does not apply to a physician board-certified in pediatric emergency medicine;	X	X	X
(d)	Physicians who:	X	X	X
(i)	Are board-certified in emergency medicine, or pediatric emergency medicine, or board-certified in a specialty and practicing emergency medicine as their primary practice with special competence in care of pediatric trauma patients; (level I only - this requirement may be met by a surgical resident postgraduate year two who is ATLS and ACLS trained, has completed the PER as defined in WAC 246-976-887, and is working under the direct supervision of the attending emergency physician, until the arrival of the surgeon to assume leadership of the trauma team);	X	X	
(ii)	Have special competence in resuscitation, care and treatment of pediatric trauma patients;			X
(iii)	Are available within five minutes of patient's arrival in the emergency department;	X	X	X
(iv)	Are ATLS and ACLS trained, except this requirement does not apply to a physician board-certified in emergency medicine or pediatric emergency medicine;	X	X	X
(v)	Have completed the PER as defined in WAC 246-976-887, except this requirement does not apply to a physician board-certified in pediatric emergency medicine;	X	X	X
(e)	Registered nurses who:	X	X	X
(i)	Are in the emergency department and available within five minutes of patient's arrival in the emergency department;	X	X	X
(ii)	Have completed the PER as defined in WAC 246-976-887;	X	X	X

A facility with a designated pediatric trauma service must have:	LEVELS		
	I	II	III
(iii) Have successfully completed a trauma life support course as defined in WAC 246-976-885;	X	X	X
(f) Equipment for resuscitation and life support of pediatric trauma patients, including equipment described in WAC 246-976-620;	X	X	X
(2) Radiological services, with:	X	X	X
(a) A radiologist on-call to interpret images within twenty minutes of notification of team activation;	X	X	
(b) A radiologist on-call to interpret images within thirty minutes of notification of team activation;			X
(c) A technician able to perform routine radiological capabilities available within:			
(i) Five minutes of notification of team activation;	X	X	
(ii) Twenty minutes of notification of team activation;			X
(d) A technician able to perform computerized tomography and available within:			
(i) Five minutes of team leader's request;	X		
(ii) Twenty minutes of team leader's request;		X	X
(e) A technician on-call and available within twenty minutes of team leader's request, able to perform the following:			
(i) Angiography of all types;	X	X	
(ii) Sonography;	X	X	
(3) Respiratory therapy available within five minutes of notification of team activation;	X	X	X
(4) Clinical laboratory services, including:	X	X	X
(a) A clinical laboratory technologist available within five minutes of notification of team activation;	X	X	X
(b) Standard analysis of blood, urine, and other body fluids;	X	X	X
(c) Coagulation studies;	X	X	X
(d) Blood gases and pH determination;	X	X	X
(e) Serum and urine osmolality;	X	X	
(f) Microbiology;	X	X	X
(g) Serum alcohol determination;	X	X	X
(h) Drug or toxicology screening;	X	X	X
(5) Blood and blood-component services, including:	X	X	X
(a) Blood and blood components available from in-house or through community services, to meet patient needs;	X	X	X
(b) Noncrossmatched blood available on patient arrival in the emergency department;	X	X	X
(c) Ability to obtain blood typing and crossmatching;	X	X	X

A facility with a designated pediatric trauma service must have:		LEVELS		
		I	II	III
(d)	Policies and procedures for massive transfusion;	X	X	X
(e)	Autotransfusion; and	X	X	X
(f)	Blood storage capability;	X	X	X
(6)	A surgery department, including:	X	X	X
(a)	General surgery services, with:	X	X	X
(i)	An attending, board-certified pediatric surgeon or board-certified general surgeon with special competence in pediatric care who is available within five minutes of notification of team activation. A postgraduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the attending surgeon. In this case the attending surgeon must be available within twenty minutes of notification of team activation;	X		
(ii)	An attending, board-certified pediatric surgeon, or board-certified general surgeon with special competence in pediatric care, who is on-call and available within twenty minutes of notification of team activation;		X	
(iii)	An attending general surgeon, with competence in pediatric care, on-call and available within thirty minutes of notification of team activation;			X
(iv)	All general surgeons (and surgical residents for level I) who are responsible for care and treatment of trauma patients must:	X	X	X
(A)	Be trained in ATLS, except this requirement does not apply to a physician board-certified in surgery or pediatric surgery;	X	X	X
(B)	Have completed the PER as defined in WAC 246-976-887;	X	X	X
(C)	Have specific delineation of trauma surgery privileges by the medical staff;	X	X	X
(b)	Neurosurgical services with:	X		
(i)	A neurosurgeon:	X		
(A)	Available within five minutes of team leader's request. A postgraduate year four or above neurosurgery resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until arrival of the attending neurosurgeon. In this case the neurosurgeon must arrive within thirty minutes of team leader's request;	X		
(B)	On-call and available within thirty minutes of team leader's request;		X	
(ii)	Ability to provide acute and ongoing care for acute head and spinal cord injuries;	X	X	
(c)	Ability to resuscitate and stabilize acute head and spinal cord injuries;			X

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		I	II	III
(d)	A neurosurgeon on-call and available within thirty minutes of team leader's request; or written transfer guidelines and agreements for head and spinal cord injuries;			X
(e)	The following surgical services on-call and available within thirty minutes as requested by the trauma team leader:			
(i)	Cardiac surgery;	X		
(ii)	Microsurgery;	X		
(iii)	Obstetric surgery (or for level III, a plan to manage the pregnant trauma patient);	X	X	X
(iv)	Orthopedic surgery;	X	X	
(v)	Pediatric surgery;	X	X	
(vi)	Thoracic surgery;	X	X	
(vii)	Urologic surgery; and	X	X	
(viii)	Vascular surgery;	X	X	
(f)	The following surgical services on-call for patient consultation or management:	X	X	X
(i)	Gynecologic surgery;	X	X	
(ii)	Ophthalmic surgery;	X	X	
(iii)	Oral/maxillofacial or otorhinolaryngologic surgery;	X	X	
(iv)	Plastic surgery;	X	X	
(v)	Orthopedic surgery;			X
(7)	Anesthesiology, with an anesthesiologist (or a certified registered nurse anesthetist for level III) who:	X	X	X
(a)	Is available within five minutes of team leader's request;	X		
(b)	Is available within twenty minutes of team leader's request;		X	
(c)	Is available within thirty minutes of team leader's request;			X
(d)	Is ACLS trained, except this requirement does not apply to a physician board-certified in anesthesiology;	X	X	X
(e)	Has completed the pediatric education requirement (PER) as defined in WAC 246-976-887;	X	X	X
(8)	An operating room and a registered nurse or designee responsible for opening and preparing the operating room, available within five minutes of notification of team activation, with:	X	X	X
(a)	Other essential personnel as identified by the trauma service on-call and available within twenty minutes of notification of team activation;	X	X	
(b)	Other essential personnel as identified by the trauma service on-call and available within thirty minutes of notification of team activation;			X
(c)	A written policy providing for mobilization of additional surgical teams for trauma patients; and	X	X	X

		LEVELS		
		I	II	III
A facility with a designated pediatric trauma service must have:				
(d)	Instruments and equipment appropriate for pediatric surgery, including equipment described in WAC 246-976-620;	X	X	X
(9)	A postanesthetic recovery service with:			
(a)	At least one registered nurse available twenty-four hours a day;	X		
(b)	At least one registered nurse on-call and available twenty-four hours a day;		X	X
(c)	Nurses ACLS trained;	X	X	X
(d)	Nurses who have completed the PER as defined in WAC 246-976-887;	X	X	X
(10)	A pediatric critical care service with:	X	X	
(a)	A medical director who is board-certified in pediatrics, with sub-board certification in critical care and who is responsible for coordinating with the attending staff for the care of pediatric trauma patients;	X	X	
(b)	Patient isolation capacity;	X	X	
(c)	A physician directed code team;	X	X	
(d)	Pediatric critical care registered nurses, who have special competence in pediatric trauma care and who have completed the PER as defined in WAC 246-976-887;	X	X	
(e)	Equipment as described in WAC 246-976-620;	X	X	
(11)	A pediatric critical care service which meets requirements for a level II pediatric critical care service if critical care services are included in your written scope of trauma service (except the medical director must be board-certified in pediatrics or another relevant specialty with special competence in pediatric critical care), or written transfer guidelines and agreements for pediatric trauma patients requiring critical care services;			X
(12)	Acute dialysis capability, or written transfer agreements for dialysis services;	X	X	X
(13)	The following services on-call and available for pediatric patient consultation or management during the in-patient stay:	X	X	X
(a)	Cardiology;	X	X	
(b)	Gastroenterology;	X	X	
(c)	General pediatrics;	X	X	X
(d)	Hematology;	X	X	
(e)	Infectious disease specialists;	X	X	
(f)	Nephrology;	X	X	
(g)	Pediatric neurology;	X	X	
(h)	Pathology;	X	X	X
(i)	Pulmonology; and	X	X	
(j)	Psychiatry or a plan for management of the psychiatric trauma patient;	X	X	

		LEVELS		
A facility with a designated pediatric trauma service must have:		I	II	III
(14)	Written policy and procedures for access to ancillary services, specific for in-patient care of pediatric patients, including:	X	X	X
	(a) Chemical dependency services;	X	X	X
	(b) Child and adult protection services;	X	X	X
	(c) Clergy or pastoral care;	X	X	X
	(d) Nutritionist services;	X	X	X
	(e) Pharmacy services, with pharmacist in-house;	X		
	(f) Pharmacy services;		X	X
	(g) Occupational therapy services;	X	X	X
	(h) Pediatric therapeutic recreation/child life specialist;	X	X	
	(i) Physical therapy services;	X	X	X
	(j) Speech therapy services;	X	X	X
	(k) Social services;	X	X	X
	(l) Psychological services;	X	X	X
(15)	Ability to resuscitate and stabilize burn patients;	X	X	X
(16)	A physician-directed burn unit staffed by nursing personnel trained in burn care and equipped to care for extensively burned patients; or written transfer guidelines and agreements in accordance with the guidelines of the American Burn Association;	X	X	X
(17)	A trauma rehabilitation coordinator to facilitate the pediatric trauma patient's access to pediatric rehabilitation services;	X	X	X
(18)	A designated pediatric trauma rehabilitation service; or written agreements to transfer patients to a designated trauma rehabilitation service when medically feasible.	X	X	X